

Department of the Treasury
Internal Revenue Service

Part I General Information

| | | |
|----|---|---|
| 1 | Name of organization ISSUE ADVOCACY FUND - D | Employer identification number 39 2000192 |
| 2 | Mailing address (P.O. Box or number, street, and room or suite number) 4801 FOREST RUN ROAD, SUITE 201 | |
| | City or town, state, and ZIP code MADISON WI 53704-7337 | |
| 3 | E-mail address of organization wra.org | |
| 4a | Name of custodian of records WILLIAM E. MALKASIAN | 4b Custodian's address 4801 FOREST RUN RD, SUITE 201 MADISON WI 53704-7337 |
| 5a | Name of contact person WILLIAM E. MALKASIAN | 5b Contact person's address 4801 FOREST RUN RD, SUITE 201 MADISON WI 53704-7337 |
| 6 | Business address of organization (if different from mailing address shown above). Number, street, and room or suite number SAME | |
| | City or town, state, and ZIP code | |

Part II Purpose

7 Describe the purpose of the organization

These contributions help support the Association's general political activities including unregulated political communication that discusses public issues, public officials and candidates for public office. This fund will not be used for express advocacy – that is, it will not be used to sponsor regulated political communication that expressly advocates the election or defeat of a clearly identified candidate. The fund can be and will be used for the purpose of expressing the Association's point of view, including directly or indirectly attempting to influence the election of individuals to public office.

Part III **List of All Related Entities** (see instructions)

| 8a Name of related entity | 8b Relationship | 8c Address |
|----------------------------|-----------------|--|
| WISCONSIN REACTORS ASSN | CONNECTED | 4801 FOREST RUN ROAD, SUITE 200 MADISON WI 53704-7337 |
| | | |
| | | |
| | | |
| | | |

9a Name

9a Name

9b Title

9c Address

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IRS - OSC / E16

JUL 26 2000

OGDEN, UTAH

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____

